



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 5079

|                             |                                       |              |                        |   |
|-----------------------------|---------------------------------------|--------------|------------------------|---|
| SERIAL NUMBER<br>10/613,332 | FILING DATE<br>07/03/2003<br><br>RULE | CLASS<br>604 | GROUP ART UNIT<br>3767 | ATTORNEY<br>DOCKET NO.<br>ACSC 64915<br>(1619C) |
|-----------------------------|---------------------------------------|--------------|------------------------|---|

## APPLICANTS

Jeong S. Lee, Diamond Bar, CA;

Timoteo Tomas, Union City, CA;

*OK mah.*

## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CON of 09/451,902 12/01/1999 PAT 6,620,127

*OK mah.*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

*none mah.*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 10/01/2003

|   |          |         |        |             |
|---|----------|---------|--------|-------------|
| Foreign Priority claimed<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no   | STATE OR | SHEETS  | TOTAL  | INDEPENDENT |
| 35 USC 119 (a-d) conditions<br>met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance | COUNTRY  | DRAWING | CLAIMS | CLAIMS      |
| Verified and<br>Acknowledged  | CA       | 1       | 18/17  | 2           |
| Examiner's Signature <i>M. A. ...</i> Initials  |          |         |        |             |

## ADDRESS

24201  
 FULWIDER PATTON  
 6060 CENTER DRIVE  
 10TH FLOOR  
 LOS ANGELES, CA  
 90045

## TITLE

Medical device balloon

|            |   |  |
|------------|---|--|
| FILING FEE | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) |
| RECEIVED   |   |  |

|     |  |   |
|-----|--|---|
| 750 |  | <input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit _____ |
|-----|--|---|